

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016659

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 178 Primary Registration District No. 4281 Registrar's No. 28

FILED APR 23 1963

VS 300  
Rev. 4/590561  
20561

3

4 0

5 2

6

7 1

8 0

9 4201

10

11

12 90-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

8-5-63

9-22-1917

10-22-1913

8

8-5-63

45

49

9

8-5-63

Widowed

Married

7

DOCUMENT U.S. Marriage Copy Registered - 1-13-42

BY AFFIDAVIT OF James Christian

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Canton</u>		c. CITY OR TOWN <u>Canton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home</u>		d. STREET ADDRESS (If outside, give location) <u>302 Marion</u>	
3. NAME OF DECEASED (Type or print) First <u>Benjamin</u> Middle <u>Cecil</u> Last <u>Stevenson</u>		4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 22, 1917</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Minister</u>	
11a. FATHER'S NAME <u>George P. Stevenson</u>		11b. MOTHER'S MAIDEN NAME <u>Elizabeth Drennan</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of) <u>Yes</u> <u>W.W.2</u>		12b. SOCIAL SECURITY NO. <u>W.W.2</u>	
13. CAUSE OF DEATH (Enter only one cause per) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>CANTON MISSOURI</u>	
21. I attended the deceased from <u>April 15-1963</u> to <u>April 15-63</u> and last saw him alive on <u>April 15-63</u>		22a. SIGNATURE <u>Handis Y. Brown</u> (Degree or title)	
22b. ADDRESS <u>CANTON MISSOURI</u>		22c. DATE SIGNED <u>4-16-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr. 18, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Perry, Missouri</u>		23e. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>	
24. FUNERAL DIRECTOR <u>Clyde C. Wilkey, Perry, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-17-63</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

SEP 10 1963

AUG 5 1963

MAY 23 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clyde C. Weisberg

Licensed Embalmer No. 3830

P. O. Address Perry, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.